

10/588975  
IAP11 Rec'd PCT/PTO 10 AUG 2006

**Application Data Sheet**

**Application Information**

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

YES

Computer Readable Form (CRF)?::

YES

Number of copies of CRF::

1

Title::

DIAGNOSTICS AND THERAPEUTICS FOR  
DISEASES ASSOCIATED WITH KALLIKREIN 6  
(KLK6)

Attorney Docket Number::

004974.01213

Request for Early Publication?::

NO

Request for Non-Publication?::

NO

Suggested Drawing Figure::

0

Total Drawing Sheets::

2

Small Entity?::

Latin name::

Variety denomination name::

Petition included?::

NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

NO

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: DE  
Status:: Full Capacity  
Given Name:: Stefan  
Middle Name::  
Family Name:: GOLZ  
Name Suffix::  
City of Residence:: Essen  
State or Province of Residence::  
Country of Residence:: DE  
Street of mailing address:: Buckmannsmuhle 46  
City of mailing address:: Essen  
State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: 45326

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: DE  
Status:: Full Capacity  
Given Name:: Ulf  
Middle Name::  
Family Name:: BRÜGGEMEIER  
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City of Residence:: Leichlingen  
State or Province of Residence::  
Country of Residence:: DE  
Street of mailing address:: Leysiefen 20  
City of mailing address:: Leichlingen

State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: 42799

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: DE  
Status:: Full Capacity  
Given Name:: Andreas  
Middle Name::  
Family Name:: GEERTS  
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State or Province of Residence::  
Country of Residence:: DE  
Street of mailing address:: Schuckertstr 29  
City of mailing address:: Wuppertal  
State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: 42113

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: DE  
Status:: Full Capacity  
Given Name:: Holger  
Middle Name::  
Family Name:: SUMMER  
Name Suffix::  
City of Residence:: Wuppertal  
State or Province of Residence::

Country of Residence:: DE  
 Street of mailing address:: Katernberger Schulweg 3  
 City of mailing address:: Wuppertal  
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 Country of mailing address:: DE  
 Postal or Zip Code of mailing address:: 42113

#### Correspondence Information

Correspondence Customer Number:: 22907

#### Representative Information

Representative Customer Number:: 22907

#### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/EP2005/001136	4 February 2005

#### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
EUROPE	04003589.1	18 February 2004	YES

**Assignee Information**

<b>Assignee name::</b>	<b>BAYER HEALTHCARE AG</b>
<b>Street of mailing address::</b>	
<b>City of mailing address::</b>	<b>Leverkusen</b>
<b>State or Province of mailing address::</b>	
<b>Country of mailing address::</b>	<b>Germany</b>
<b>Postal or Zip Code of mailing address::</b>	<b>D-51368</b>